

Exhibit C

Name of Debtor U/A Commercial Mortgage Company		Case Number BK 5-06 10725	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address ANITA WATSON LIVING TRUST DATED 4/8/03 C/O ANITA WATSON TRUSTEE 5309 PARSONAGE CT VIRGINIA BEACH VA 23455-7101		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>N/A</u>	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)() _____ * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ <u>50,000.00</u> (secured) \$ _____ (priority) \$ _____ (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE 11-10-06		SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). Anita Watson, Trustee	
THIS SPACE FOR COURT USE ONLY FILED NOV 13 2006 USA CMC 1072501311		(Empty space for court use)	


PROOF OF CLAIM	
Name of Debtor <u>USA Commercial Mortgage Company</u>	Case Number <u>06-10725-LBR</u>
<p><small>NOTE See Reverse for List of Debtors and Case Numbers</small></p> <p><small>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small></p>	
Name of Creditor and Address ■■■■■■■■■■■■■■■■■■■■■■ 11321241002042 ANITA J CALHOUN 2026 BEL AIR AVE SAN JOSE CA 95128-1409	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</p> <p style="font-size: small; margin: 0;">If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.</p> <p style="text-align: center; margin: 0;">THIS SPACE IS FOR COURT USE ONLY</p> </div> </div>
Creditor Telephone Number <u>408 241-6265</u>	Last four digits of account or other number by which creditor identifies debtor <u>3400</u>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 BASIS FOR CLAIM</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) <u>USA Commercial Mortgage Co. "Huntswill loan"</u> </div> </div> </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>2 DATE DEBT WAS INCURRED</p> </div> <div style="width: 50%;"> <p>3 IF COURT JUDGMENT, DATE OBTAINED</p> </div> </div>	
<p>4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <div style="display: flex;"> <div style="width: 45%;"> <p>UNSECURED NONPRIORITY CLAIM \$</p> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. <p>UNSECURED PRIORITY CLAIM</p> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5) </div> <div style="width: 50%;"> <p>SECURED CLAIM</p> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ </div> </div>	
<p>5 TOTAL AMOUNT OF CLAIM \$ _____ \$ 50,000.00 \$ _____ \$ _____</p> <p style="text-align: center;">(unsecured) (secured) (priority) (Total)</p> <p><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>	
<p>6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p>7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p> <p>8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.</p>	
<p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 811 El Segundo CA 90245-0911</p> </div> <div style="width: 45%;"> <p>BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245</p> </div> </div>	<p>THIS SPACE FOR COURT USE ONLY</p> <p style="font-size: large; font-weight: bold;">FILED NOV 06 2006</p>
DATE <u>10-23-06</u>	SIGN and print the name and title of any of the creditor or other person authorized to file the claim (attach copy of power of attorney if any). <u>Anita J. Calhoun</u> ANITA J. CALHOUN

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>USA Capital Mortgage</i>		Case Number <i>BK-5-06-10725-BR</i>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <i>1st Trust of Orange Pk Curtis F. Clark - TRS</i>		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number (<i>702 295-4603</i>)			
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input checked="" type="checkbox"/> replaces or amends a previously filed claim dated <i>Oct 6, 2006</i> .	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <i>Theft of Asset</i> Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ <i>20,870,000</i>	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ <i>64,791</i> (secured) \$ _____ (priority) \$ <i>64,791</i> (Total)		<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY FILED APR 05 2007	
DATE <i>March 29, 2007</i>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <i>Curtis F. Clark - Trustee</i>	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571



PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR
<small>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</small>	
Name of Creditor and Address <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> 11321242034566 COHUNE L 3530 HACKBERRY STREET SILVER SPRINGS NV 89429	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor 06 10725 LBR	<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____.
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly): <u>\$1617.88 interest</u> Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)	SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>50,000.-</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>1617.88</u> (unsecured) \$ <u>50,000.-</u> (secured) \$ _____ (priority) \$ <u>51,617.88</u> (Total)	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911	THIS SPACE FOR COURT USE ONLY FILED NOV 08 2006 USA CMC 107250112
DATE 11/5/06	SIGN and print the name and title of any of the creditor or other person authorized to file the claim (attach copy of power of attorney if any). L Kanani Cohune

PROOF OF CLAIM	
Name of Debtor USA COMMERCIAL MORTGAGE CO.	Case Number BK-S-06-10725LBR
<small>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>	
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; display: inline-block;"> XXXXXXXXXXXXXXXXXXXX </div> 11321241000154 ROSE M COSTA 101 SAN CARLOS AVE SAUSALITO CA 94965 2018 415	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> <div style="width: 60%;"> DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY </div> </div>
Creditor Telephone Number (415) 331-7610	<div style="display: flex; justify-content: space-between;"> <div> Last four digits of account or other number by which creditor identifies debtor </div> <div> Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> or amends a previously filed claim dated _____. </div> </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) <u>loan money to borrower</u> </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: <u>9205</u> Unpaid compensation for services performed from <u>4/2</u> to _____. (date) (date) </div> <div> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2 DATE DEBT WAS INCURRED _____ 3 IF COURT JUDGMENT, DATE OBTAINED _____	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>50,000</u> (unsecured) \$ <u>50,000</u> (secured) \$ _____ (priority) \$ <u>50,000</u> (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 </div> <div style="width: 35%;"> THIS SPACE FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED NOV 08 2006 </div> <div style="text-align: center; margin-top: 10px;"> USA CMC  1072501103 </div> </div> </div>	
DATE 11-6-06	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>Rose Costa</u> creditor

PROOF OF CLAIM	
Name of Debtor <i>USA Commercial Mortgage Company</i> <i>Case No 06-10725 (LBR)</i>	Case Number <i>06-10725 (LBR)</i>
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11321241000243 </div> SHIRLEY DOERR 5200 SUMMIT RIDGE DR APT 511 RENO NV 89523-9021	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notice from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY </div> </div>
Creditor Telephone Number <i>(775) 797-5796</i> Last four digits of account or other number by which creditor identifies debtor <i>see attached</i>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____. </div> </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> <div> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2 DATE DEBT WAS INCURRED _____ 3 IF COURT JUDGMENT, DATE OBTAINED _____	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM <i>\$50,000 plus interest</i> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <i>\$50,000 plus interest</i> (unsecured) @ 12% (secured) (priority) <i>\$50,000 plus interest</i> (Total) @ 12%	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911	BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245
DATE <i>Nov 6, 2006</i>	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <i>Shirley Doerr</i> SHIRLEY DOERR

FILED NOV 09 2006

USA CMC



1072501153

PROOF OF CLAIM	
Name of Debtor: USA Commercial Mortgage Company	Case Number: 06-10725-LBR
<small>NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>	
Name of Creditor and Address: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11321242035075 </div> EVERETT, DAN & SANDRA M. EVERETT 921 CRYSTAL COURT FOSTER CITY CA 94404	<div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. </div> <div> <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> </div>
Creditor Telephone Number <u>(415) 468-5000</u>	
Last four digits of account or other number by which creditor identifies debtor: <u>Huntsville 5996</u>	<div style="display: flex; align-items: center;"> <input type="checkbox"/> Check here if this claim <div style="margin: 0 10px;"> <input type="checkbox"/> replaces or <input type="checkbox"/> amends </div> a previously filed claim dated: _____ </div>
1. BASIS FOR CLAIM <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"> <input type="checkbox"/> Referee benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ (date) (date) </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2. DATE DEBT WAS INCURRED: <u>12/6/07</u>	
3. IF COURT JUDGMENT, DATE OBTAINED: _____	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
5. TOTAL AMOUNT OF CLAIM \$ <u>\$ 50,000.00</u> \$ <u>\$ 50,000.00</u> AT TIME CASE FILED: (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 811 El Segundo, CA 90245-0911 </div> <div style="width: 45%;"> BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 330 East Franklin Avenue El Segundo, CA 90245 </div> </div>	
DATE <u>11-9-06</u>	SIGN and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):


THIS SPACE FOR COURT USE ONLY


FILED NOV 10 2006



PROOF OF CLAIM	
Name of Debtor: USA Commercial Mortgage Co.	Case Number: 06-10725-LBR
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address: <div style="border: 1px solid black; padding: 2px;"> 11321241002637 JOSE M LANZAS & GLADYS LANZAS 3345 SPOTTED FAWN DR ORLANDO FL 32817-5006 </div>	<div style="font-size: x-small;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div>
Creditor Telephone Number 407-673-3113 Last four digits of account or other number by which creditor identifies debtor: CLIENT ID 4994	<div style="font-size: x-small;"> DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY </div>
Check here <input type="checkbox"/> if this claim replaces or amends a previously filed claim dated: _____	
1. BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ (date) (date) </div> <div style="width: 45%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2. DATE DEBT WAS INCURRED: <u>4/02/2004</u>	
3. IF COURT JUDGMENT, DATE OBTAINED: _____	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <u>95,000.00</u>
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
5. TOTAL AMOUNT OF CLAIM \$ _____ \$ <u>95,000</u> \$ _____ \$ <u>95,000</u> AT TIME CASE FILED: (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	THIS SPACE FOR COURT USE ONLY USA CMC  1072500330
DATE <u>10/30/06</u>	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>JOSE M. LANZAS</u>

FILED NOV 02 2006

PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company HUNTSVILLE	Case Number 06-10725-LBR
NOTE: See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> LOFTFIELD, JAMES 1532 BEECH GROVE DRIVE LAS VEGAS NV 89119	11321242036761 <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</div> <div><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.</div> <div><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.</div> </div>
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor	<div style="display: flex; justify-content: space-between;"> <div>Check here if this claim</div> <div> <input type="checkbox"/> replaces <input type="checkbox"/> or amends </div> <div>a previously filed claim dated _____</div> </div>
BASIS FOR CLAIM <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
DATE DEBT WAS INCURRED <u>3/8/04</u> IF COURT JUDGMENT, DATE OBTAINED _____	
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ <u>21,000,000 C/LAND</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)
TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <div style="display: flex; justify-content: space-between;"> <div>\$ _____ (unsecured)</div> <div>\$ <u>50,000</u> (secured)</div> <div>\$ _____ (priority)</div> <div>\$ <u>50,000</u> (Total)</div> </div>	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	THIS SPACE FOR COURT USE ONLY <div style="font-size: 1.5em; font-weight: bold;">FILED NOV 13 2006</div> <div style="text-align: center;"> USA CMC  1072501340 </div>
DATE <u>11/7/06</u>	SIGN and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney if applicable). <u>JAMES R. LOFTFIELD</u> JAMES R. LOFTFIELD

PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR
<small>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>	
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; display: inline-block;"> XXXXXXXXXXXXXXXXXXXX </div> 11321242037951 PETRO ALEKO 6224 LONE CYPRESS COURT LAS VEGAS NV 89141	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor Acct ID 935	
Check here <input type="checkbox"/> if this claim replaces or amends a previously filed claim dated _____.	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances)	
2 DATE DEBT WAS INCURRED <u>3/17/04</u> 3 IF COURT JUDGMENT, DATE OBTAINED _____	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)	SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)
5 TOTAL AMOUNT OF CLAIM \$ _____ \$ <u>50,000.00</u> \$ _____ \$ <u>50,000.00</u> AT TIME CASE FILED (unsecured) (secured) (priority) (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911 BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE <u>11.08.06</u>	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>ALEKO PETRO</u>
THIS SPACE FOR COURT USE ONLY FILED NOV 10 2006 USA CMC  1072501188	